

HAZARD CONTROL PLAN AND WORK AUTHORIZATION

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This form is from MAQ-035

1. Describe the work to be performed (use continuation page if needed) or give procedure number, revision number, and title.

HCP-MAQ-SporeTrap, R0

Title: Using the Burkard Spore Trap

2. Describe potential hazards associated with the work (use continuation page if needed).

1. Wind vane could swing around and cause bruises or lacerations, especially to the face.

2. Electrical shock in rain.

3. For each hazard, list the likelihood and severity, and the resulting initial risk level (before any work controls are applied, as determined according to LIR300-00-01, section 7.2)

1. Moderate/Occasional = Low

2. Improbable/Critical = Low

Overall *initial* risk: ☐ Minimal ☒ Low ☐ Medium ☐ High

4. Applicable Laboratory, facility, or activity operational requirements directly related to the work:

☒ None ☐ List:

Work Permits required? ☒ No ☐ List:

5. Describe how the hazards listed above will be mitigated (e.g., safety equipment, administrative controls, etc.):

1. I rather dislike pain and blood dripping down my face, so I use my noodle and stay out of the way until the vane is secured.

2. Spore trap is plugged into GFCI-protected outlet, and, it doesn't rain much here.

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6. Knowledge, skills, abilities, and training necessary to safely perform this work (check one or both):



Group-level orientation (per MAQ-032) and training to applicable procedure.



Other → Describe:

Read manual for the Spore Trap.

7. Any wastes and/or residual materials? (check one) ☒ None ☐ List:

8. Considering the administrative and engineering controls to be used, the *residual* risk level (as determined according to LIR300-00-01, section 7.3.3) is (check one):



Minimal



Low



Medium (requires approval by Division Director)

9. Emergency actions to take in event of control failures or abnormal operation (check one):



None



List:

Apply First Aid techniques and then see that injured person is taken to Occupational Medicine (if no immediate medical attention required) or hospital.

After this form is approved, perform the work safely. Identify opportunities for improvements in safety and report these to the safety officer or group leader.

Preparer(s) signature(s)

Name(s) (print) /Position

Date

[NOTE: Training to a procedure constitutes authorization.] **If this work is NOT described by a procedure:** I have reviewed the safety of this proposed work with the group safety officer and I commit to follow safe practices when performing this work.

Employee signature

Name (print)

Date

Additional employee signature (optional)

Name (print)

Date

Additional employee signature (optional)

Name (print)

Date

Group leader or safety officer review.

I have reviewed the proposed work with 1) the preparer(s) and 2) employees who will perform the work (if not described in a procedure) and I believe the hazards and safety concerns have been adequately addressed. The work as described above is hereby authorized. This authorization expires one year after the date below.

Group leader or safety officer signature

Name (print)

Date

This plan will be revised according to MAQ-035. Group leader or safety officer: After completion, submit to group Records Coord.

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Hazard Control Plan continuation page. Give item number being continued.